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(1) the names of up to 3 registered patent attorneys or agents OR, atternatively.  (2) The Address findication (or "Fee Address" Indication form PTO/SB/12) stated.  (3) The Address indication (or "Fee Address" Indication form PTO/SB/142), Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3) ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fill recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Stork Fokker AESP B.V.  Papendrecht, Netherlands  Please check the appropriate assignee category or categories (will not be pristed on the patent.): Dindividual Corporation or other private group entity Govern  4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  4a. Applicant is hereby authorized to charge, the amount of fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for overpayment, to Deposit Account Number 2 DO 120 (enclose an extra copy of this for our properties as shown by the recorded of the United States Patent and Tradems (Office)  Authorized Signature   Benoit Castel	1. Change of corresponde	ence address or indicatio	m of "Fee Address" (37	**************************************	atent front page. lis	HRIVERSON OF THE STREET	year on the second seco	YYGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG
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Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Stork Fokker AESP B.V. Papendrecht, Netherlands  Please check the appropriate assignee category or categories (will not be pristed on the patent): Clindividual Corporation or other private group entity Govern 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  Advance Order - # of Copies 2  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 2  The Director is hereby authorized to charge-the country decisions or other particle and povernament, to Deposit Account Number 250120 (encises an exita copy of this for overnament is a shown by the records of the United States Patent and Trademark Office.  Authorized Signature   Benoit Castel   Benoit Castel   Registration No. 35,041	"Fee Address" ind	ication (or "Fee Address	registered attorney or agent) and the names of up to					
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(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Stork Fokker AESP B.V.  Papendrecht, Netherlands  Piease check the appropriate assignee category or categories (will not be pristed on the patent): Individual Corporation or other private group entity Govern  4a. The following fee(s) are submitted:  Signe Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 2  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form PTO-2038)  Change in Entity Status (from status indicated above)  A Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Discourse Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other painterest as shown by the records of the United States Patent and Trademark Office.  Paper or pristed name Benoit Castel  Registration No. 35,041						e is identifie	d below, the doc	nment has been filed for
Stork Fokker AESP B.V.  Papendrecht, Netherlands  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Govern  4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 2  The Director is hereby authorized to charge the country deficiency, or credit any overpayment, to Deposit Account Number 2 0 120 (enclose an extra copy of this for the patents)  Change in Entity Status (from status indicated above)  A Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other patents as shown by the records of the United States Patent and Trademark Office.  Typed or printed name Benoit Castel  Pagendrecht, Netherlands Corporation or other private group entity Government): Individual Corporation or other private group entity Government of Fee(s). (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the crequired fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2 0 12 0 (enclose an extra copy of this for the payment of Fee(s). (Please first reapply any previously paid issue fee shown above)  In the Director is hereby authorized to charge the credit fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2 0 12 0 (enclose an extra copy of this for the payment of Fee(s).  The Director is hereby authorized to charge the credit fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2 0 12 0 (enclose an extra copy of thi								
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